2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000103728

Entity Name
 GREGG HOLDSWORTH, INC.

Principal Place of Business

Mailing Address

2611 SEVILLE BLVD., STE B CLEARWATER, FL 33764 2611 SEVILLE BLVD., STE B CLEARWATER, FL 33764

FILED Feb 03, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3730402

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

HOLDSWORTH, GREGG 2611 SEVILLE BLVD., STE B CLEARWATER, FL 33764

DO NOT WRITE IN THIS SPACE

				IIA	INIS SPACE	
The above the obligat	named entity submits this statement for the ptions of registered agent.	ourpose of changing its registered	d office or	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title	i applicable. (NOTE. Registered.	Agent signatur	e required when remataung)	CATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution,	ing 🗆	\$5.00 May 89 Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-S7-ZIP	P HOLDSWORTH, GREGG 2611 SEVILLE BLVD., STE B CLEARWATER, FL 33764				\n\fi\n\dagand\dagan\dagan\dagan\dagan\dagan\dagan\dagan\dagan\dagand\da	
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	OLD WITH ENTILE GOING				000000419871 02/15/05-80025-004 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the curporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an agtress, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAMEDY SIGNING OFFICER OR DIRECTOR

1-19-06

(127)584-9516